



# Senate

General Assembly

January Session, 2003

**File No. 128**

Senate Bill No. 918

*Senate, April 1, 2003*

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## **AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR INPATIENT DENTAL CARE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-491a of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective October 1, 2003*):

3 (a) Each individual health insurance policy providing coverage of  
4 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
5 38a-469 delivered, issued for delivery, renewed or continued in this  
6 state on or after January 1, 2000, shall provide coverage for general  
7 anesthesia, nursing and related hospital services provided in  
8 conjunction with in-patient, outpatient or one-day dental services if the  
9 following conditions are met:

10 (1) The anesthesia, nursing and related hospital services are deemed  
11 medically necessary by the treating dentist or oral surgeon [and the  
12 patient's primary care physician] in accordance with the health

13 insurance policy's requirements for prior authorization of services; and

14 (2) The patient is either (A) [a child under the age of four who is  
15 determined by a licensed dentist, in conjunction with a licensed  
16 physician who specializes in primary care, to have] a person who has a  
17 dental condition of significant dental complexity that it requires certain  
18 dental procedures to be performed in a hospital, as determined by a  
19 licensed dentist or oral surgeon, or (B) a person who has a  
20 developmental disability, as determined by a licensed physician who  
21 specializes in primary care, that places the person at serious risk.

22 (b) The expense of such anesthesia, nursing and related hospital  
23 services shall be deemed a medical expense under such health  
24 insurance policy and shall not be subject to any limits on dental  
25 benefits under such policy.

26 Sec. 2. Section 38a-517a of the general statutes is repealed and the  
27 following is substituted in lieu thereof (*Effective October 1, 2003*):

28 (a) Each group health insurance policy providing coverage of the  
29 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
30 469 delivered, issued for delivery, renewed or continued in this state  
31 on or after January 1, 2000, shall provide coverage for general  
32 anesthesia, nursing and related hospital services provided in  
33 conjunction with in-patient, outpatient or one-day dental services if the  
34 following conditions are met:

35 (1) The anesthesia, nursing and related hospital services are deemed  
36 medically necessary by the treating dentist or oral surgeon [and the  
37 patient's primary care physician] in accordance with the health  
38 insurance policy's requirements for prior authorization of services; and

39 (2) The patient is either (A) [a child under the age of four who is  
40 determined by a licensed dentist, in conjunction with a licensed  
41 physician who specializes in primary care, to have] a person who has a  
42 dental condition of significant dental complexity that it requires certain  
43 dental procedures to be performed in a hospital, as determined by a

44 licensed dentist or oral surgeon, or (B) a person who has a  
45 developmental disability, as determined by a licensed physician who  
46 specializes in primary care, that places the person at serious risk.

47 (b) The expense of such anesthesia, nursing and related hospital  
48 services shall be deemed a medical expense under such health  
49 insurance policy and shall not be subject to any limits on dental  
50 benefits under such policy.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>

**INS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

### **OFA Fiscal Note**

#### **State Impact:**

Agency Affected	Fund-Type	FY04	FY 05 \$	FY 06
Comptroller Misc. Accounts (Fringe Benefits)	Various - Cost	None	None	Potential Indeterminate
Insurance Dept.	IF - None	None	None	None

Note: IF=Insurance Fund

#### **Municipal Impact:**

Municipalities	Effect	FY 04 \$	FY 05 \$
Various Municipalities	STATE MANDATE - Cost	Potential Indeterminate	Potential Indeterminate

#### **Explanation**

The bill amends provisions regarding mandatory health insurance coverage for inpatient dental care in order to provide coverage for persons of all ages, rather than only children under age four. While these services are already covered under the state employee and retiree health plans, the determination of medical necessity is made in consultation with the patient's primary care doctor. The bill eliminates the primary care doctor from this determination, which may result in a future cost to the state. Any impact on the state health plans would take effect with the plan renewals in FY 06 but is anticipated to be minimal.

#### **Municipal Impact:**

To the extent that inpatient dental care benefits required under the bill are not covered under a municipality's employee health insurance policy, there may be increased municipal costs to provide it. The bills impact on municipal health insurance costs will vary by municipality

depending on the current coverage and cannot be determined.

**OLR Bill Analysis**

SB 918

***AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR INPATIENT DENTAL CARE*****SUMMARY:**

This bill eliminates, in certain individual and group health insurance policies, the requirement that a joint determination of medical necessity be made between a patient's primary care doctor and his treating dentist or oral surgeon before general anesthesia, nursing, and related hospital service coverage is provided for in-patient, outpatient, or one-day dental services.

Under the bill, only the treating dental or oral surgeon must make the determination.

The bill also specifies that coverage must be provided to any patient with a complex dental condition requiring that dental procedures be performed in a hospital, rather than restricting it to patients under age four as under current law.

EFFECTIVE DATE: October 1, 2003

**BACKGROUND*****Policies Affected***

The coverage mandate applies to individual and group health insurance policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, (4) hospital or medical expenses, and (5) hospital and medical expenses paid by HMOs. The policy must be delivered, issued for delivery, renewed, or continued in Connecticut on or after October 1, 2003

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Report

Yea 12      Nay 4